Docket No. AMENDMENT TRANSMITTAL LETTER ION-0221 Filing Date Application No. Examiner December 31, 2003 10/748,281-Conf. #6605 M. S. Zimmer Applicant(s): Hiroyuki Okuhira et al. Invention: CURABLE RESIN COMPOSITION TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Claims Highest Number Remaining Number After **Extra Claims** Previously Rate Amendment Paid Present **Total Claims** 2 20 Х Independent 2 3 Х Claims Multiple Dependent Claims (check if applicable) Other fee (please specify): Extension for response within first month TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: Small Entity x Large Entity No additional fee is required for this amendment. x | Please charge Deposit Account No. 18-0013 in the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing fee is enclosed.

120.00 Payment by credit card. Form PTO-2038 is attached. 18-0013 x | The Director is hereby authorized to charge and credit Deposit Account No. _ as described below. A doplicate copy of this sheet is enclosed. x Credit any overpayment. x Charge appeadditional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Art Unit

1712

120.00

120.00

Dated: November 9, 2006

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PTO/SB/17 (07-06

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMÉRCE Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/748,281-Conf. #6605 Application Number TRANSMITTAL Filing Date December 31, 2003 Hiroyuki Okuhira First Named Inventor For FY 2006 **Examiner Name** M. S. Zimmer Applicant claims small entity status. See 37 CFR 1.27 1712 Art Unit ION-0221 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 120.00 METHOD OF PAYMENT (check all that apply) None Check Credit Card Money Order Other (please identify): x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity** Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) <u>Fee (\$)</u> 200 100 150 500 250 300 Utility 100 50 130 65 Design 200 100 Plant 200 100 300 150 160 80 500 250 600 300 300 150 Reissue 100 0 200 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 100 200 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims Fee Paid (\$) Multiple Dependent Claims **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) - 20 = HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Numb	er of each additional 50 or fraction thereof	<u>Fee (\$)</u>	Fee Paid (\$)
- 100	=	/50	(round up to a whole number) x		=
OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)					Fees Paid (\$)
Non-English Specif	fication, \$130 fe	ee (no small	entity discount)		
Other (e.g., late filit	ng surcharge): 1	251 Extens	sion for response within first month		120.00

SUBMITTED BY				<i> </i>				
Signature	ک	T			Registration No. (Attorney/Agent)	22,663/ 40,949	Telephone	(202) 955-3750
Name (Print/Type)	David T. Nikaid	do/Le	ee Cheng				Date	November 9, 2006